


<p><b>Name of Policy:</b> <u>Medicare-Required Physician Acknowledgement Statement</u></p> <p><b>Policy Number:</b> 3364-87-32</p> <p><b>Approving Officer:</b> Chief of Staff Medical Director</p> <p><b>Responsible Agent:</b> Medical Director</p> <p><b>Scope:</b> All University of Toledo Campuses</p>	 <p><b>Effective date:</b> 07/09/03</p>
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center that a Medicare-required Physician Acknowledgement Statement must be completed by each physician member of the medical staff at or before the time the physician is granted admitting privileges to the University of Toledo Medical Center.

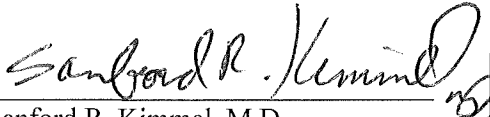
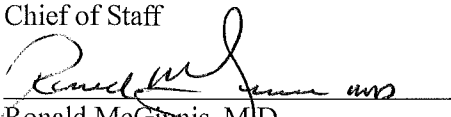
(B) Purpose of policy

Medicare will deny a hospital claim for any patient treated by a physician who has not signed a Physician Acknowledgement Statement.

(C) Procedure

All physicians applying for medical staff privileges at this institution will be required to complete the Physician Acknowledgement Statement at the time of application. Such application will be not considered complete until receipt of the completed Statement by the Medical Staff Services Office.

The Physician Acknowledgement Statement will indicate that the signing physician has received the notice containing the following penalty statement, "Notice to Physicians: Medicare payment to hospitals is based in part on each patient's principal and secondary diagnosis and the major procedures performed on the patient, as attested to by the medical record. Anyone who misrepresents, falsifies or conceals essential information required for payment of federal funds, may be subject to fine, imprisonment or civil penalty under applicable federal laws."

<p>Approved by:</p> <p> Sanford R. Kimmel, M.D. Chief of Staff</p> <p> Ronald McGinnis, M.D. Medical Director</p> <p><u>7-22-09</u> Date</p> <p><i>Review/Revision Completed by: Medical Executive Committee</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• <i>MS-032 Medicare-Required Physician Acknowledgement Statement</i></li></ul> <p><b>Review/Revision Date: 06/14/06 07/21/09</b></p> <p><b>Next review date: 07/21/12</b></p>
--	--